

Effective 28 February 2005

**Personnel Procurement**

**Completion of the Request for Examination Form**

For the Commander:

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**History.** This UPDATE printing publishes a revised regulation which is effective 28 February 2005.

**Summary.** This regulation prescribes policy and procedures for the utilization, completion, and disposition of USMEPCOM Form 680-3A-E by members of the United States Army Recruiting Command.

**Applicability.** This regulation applies to all military and civilian personnel assigned, attached,

or detailed to the United States Army Recruiting Command. Failure to comply with this regulation may subject Soldiers to disciplinary action under the Uniform Code of Military Justice and civilian employees to disciplinary or adverse action under Federal law and regulations. In case of conflict between this regulation and any other United States Army Recruiting Command regulation setting forth procedures concerning USMEPCOM Form 680-3A-E, this regulation will take precedence.

**Proponent and exception authority.** The proponent of this regulation is the Assistant Chief of Staff, G-3. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponents may delegate this approval authority, in writing, to the deputy G-3 within the proponent agency in the grade of GS-14.

**Army management control process.** This

regulation contains management control provisions in accordance with AR 11-2 but does not identify key management controls that must be evaluated.

**Supplementation.** Supplementation of this regulation is prohibited.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USAREC, ATTN: RCRO-O-T-P, 1307 3rd Avenue, Fort Knox, KY 40121-2726.

**Distribution.** Distribution of this regulation has been made in accordance with USAREC Pam 25-30, distribution A. This regulation is published in the Recruiting Station Operations UPDATE. This regulation is also available electronically on the USAREC Enterprise Portal.

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**Glossary**

**1. Purpose**

This regulation prescribes policy and procedures for the utilization, completion, and disposition of USMEPCOM Form 680-3A-E (Request for Examination) (fig B-1) by members of the United States Army Recruiting Command (USAREC). USMEPCOM Form 680-3A-E is the first form used by the Military Entrance Processing Stations (MEPS) to input the MEPCOM Integrated Resource System (MIRS). USMEPCOM Form 680-3A-E data, if incorrect, will cause subsequent mismatch of information between MIRS and the Recruit Quota System.

**2. References**

For required publications and referenced form see appendix A.

**3. Explanation of abbreviations**

Abbreviations used in this regulation are explained in the glossary.

**4. Utilization of USMEPCOM Form 680-3A-E**

a. USMEPCOM Form 680-3A-E (automated version) will be utilized by recruiting personnel to request processing by the United States Military Entrance Processing Command (USMEPCOM) in the following situations:

(1) Initial Armed Services Vocational Aptitude Battery (ASVAB) examinations at Mobile Examining Team sites or MEPS.

(2) ASVAB retests after 30 days from initial test.

(3) ASVAB retests, when administered 6 months or more after the initial test.

(4) High school (HS) ASVAB score lookup.

(5) Medical examination or other processing of an applicant, at a MEPS, which has no USMEPCOM Form 680-3A-E on file for the applicant showing processing of that applicant for the Regular Army or the United States Army Reserve.

b. A conventional handwritten USMEPCOM Form 680-3A-E may be utilized when away from the recruiting station (RS) or when Army Recruiting Information Support System (ARISS) equipment is not available. The automated USMEPCOM Form 680-3A-E and scheduling record must be

completed and transferred to ARISS upon return to the RS or when ARISS becomes available.

**5. Completion of USMEPCOM Form 680-3A-E**

a. USMEPCOM Form 680-3A-E will normally be completed by the recruiter of credit for the applicant concerned.

b. In the event that the recruiter of credit is unavailable to complete USMEPCOM Form 680-3A-E, another recruiter or a supervisor may complete the form.

c. The recruiter completing the form will ensure that the Privacy Act statement is brought to the attention of the applicant prior to the completion of the form.

d. USMEPCOM Form 680-3A-E will be completed in accordance with appendix B. Definitions and required documentation for information concerning the applicant are as follows:

(1) Prior active military service. Answer "YES" if the applicant meets the definition of "prior service personnel" in accordance with AR 601-210, paragraph 3-2. Answer "NO" if the applicant meets the definition of "nonprior service personnel" in accordance with AR 601-210, paragraph 2-2.

(2) Social security number (SSN). Verify in accordance with AR 601-210, paragraph 2-11.

(3) Name. Verify in accordance with AR 601-210, paragraph 2-5.

(4) Date of birth. Verify in accordance with AR 601-210, paragraph 2-3.

\*This regulation supersedes USAREC Regulation 601-89, 19 December 1991.

e. Item 30, Certification By Recruiting Personnel, on the form will be signed by the recruiter who actually verifies all entries on the form in accordance with this regulation. Signature by the recruiter constitutes authentication that all entries have been properly verified as required by this regulation.

f. Under no circumstances will a recruiter presign USMEPCOM Form 680-3A-E. This form will be completed in its entirety, to include all required signatures in the presence of both the recruiter and the applicant prior to test.

g. Previous guidance by USMEPCOM stating that service counselors, liaisons, and recruiters are authorized to line through the words “and have witnessed the applicant’s signature” under item 30, Certification By Recruiting Personnel, is no longer authorized and is not applicable to USAREC personnel.

#### **6. Disposition of USMEPCOM Form 680-3A-E**

Upon completion of USMEPCOM Form 680-3A-E by the applicant and the recruiter in accordance with this regulation, USMEPCOM Form 680-3A-E will accompany the applicant to the Mobile Examining Team site or the MEPS.

#### **7. Completion of USMEPCOM Form 680-3A-E for HS ASVAB test**

a. Recruiters may submit a request for an HS ASVAB test score on an applicant by completing USMEPCOM Form 680-3A-E. If a recruiter initiates this transaction, USMEPCOM Form 680-3A-E will be completed in its entirety, to include all required signatures.

b. HS ASVAB scores may be requested by the senior guidance counselor by completing USMEPCOM Form 680-3A-E without the applicant’s signature. Only under this situation will a USMEPCOM Form 680-3A-E be signed and submitted for processing without the applicant’s signature.

#### **8. Prohibitions**

USMEPCOM Form 680-3A-E will not be signed by recruiting personnel until all entries on the form have been properly verified in accordance with this regulation. Presigning a USMEPCOM Form 680-3A-E will be treated as a violation of USAREC Reg 601-45, except when a senior guidance counselor submits for an HS ASVAB test extraction as outlined in paragraph 7.

## **Appendix A**

### **References**

#### **Section I**

##### **Required Publications**

##### **AR 601-210**

Regular Army and Army Reserve Enlistment Program. (Cited in paras 5d(1), 5d(2), 5d(3), and 5d(4).)

##### **USAREC Reg 600-22**

Assignment of Enlistment Processing Responsibility. (Cited in para B-2.)

##### **USAREC Reg 601-45**

Recruiting Improprieties Policies and Procedures. (Cited in para 8.)

#### **Section II**

##### **Referenced Form**

##### **USMEPCOM Form 680-3A-E**

Request for Examination.

## Appendix B

### Instructions for the Completion of USMEPCOM Form 680-3A-E

#### B-1. Purpose

This appendix sets forth instructions for the completion of USMEPCOM Form 680-3A-E (see fig B-1) by USAREC personnel.

#### B-2. Recruiter completing the form

USMEPCOM Form 680-3A-E will be completed by the recruiter who has processing responsibility for the applicant involved in accordance with USAREC Reg 600-22. In situations where more than one recruiter is involved in the processing of a single applicant, the provisions of that regulation will control. In such situations, the recruiter who has been designated to receive the mission accomplishment credit will be the recruiter whose identification (ID) number is entered in block 17a of USMEPCOM Form 680-3A-E.

#### B-3. Completion of USMEPCOM Form 680-3A-E

a. Block A, Service Processing For. Specify "DAR" for Active Component or "DAV" for Reserve Component.

b. Block B, Prior Service. Place an "X" in either the "Yes" or "No" box.

(1) If block B is "Yes," enter the number of active duty days.

(2) If block B is "No," leave blank.

c. Block C, Selective Service Classification. Leave blank.

d. Block D, Selective Service Registration Number. Leave blank.

e. Block 1, Social Security Number. Enter the applicant's SSN.

f. Block 2, Name. Enter the applicant's complete name in capital letters, allowing one space between the last name and the first name, and one space between the first name and the middle name.

(1) A middle initial may not be used in lieu of a middle name.

(2) For individuals who have only a middle initial and no middle name, enter the middle initial.

(3) For individuals who have no middle name, enter initials "NMN."

g. Block 3, Current Address. Enter applicant's current home address, to include ZIP Code (and country if other than the United States).

h. Block 4, Home of Record Address. Enter applicant's home of record address (if same as current address, state "same as block 3").

i. Block 5, Citizenship. Place an "X" in appropriate box for applicant.

j. Block 6, Sex. Place an "X" in appropriate box for applicant.

k. Block 7a, Racial Category. Place an "X" in the appropriate box for applicant.

l. Block 7b, Ethnic Category. Place an "X" in the appropriate box for applicant.

m. Block 8, Marital Status. Enter the legal status of the applicant as it relates to marriage using one of the following marital status codes:

(1) Annulled = A.

(2) Divorced = D.

(3) Interlocutory = I.

(4) Legally Separated = L.

(5) Married = M.

(6) Single = S.

(7) Widowed = W.

n. Block 9, Number of Dependents. Enter the number of individuals who are partially or totally dependent on the applicant for support.

o. Block 10, Date of Birth. Enter the applicant's date of birth as an eight-digit number in the YYYYMMDD (year, month, day) format.

p. Block 11, Religious Preference. Self-explanatory.

q. Block 12, Education. Indicate the three-digit education code as extracted from below:

(1) The first two characters are the number of years (highest grade completed) of education. Example: 08, 10, 12, 14, etc.

(2) The third character of the code equates to the verified education level as determined from the list below:

| <u>Level</u>  |  | <u>Code</u> |
|---|--|-------------|
| <b>Tier I</b>   |  |             |
| High school diploma graduate  |  | L           |
| Completed 15 semester or 22 quarter hours and considered a high school diploma graduate |  | 8           |
| Adult education diploma   |  | B           |
| High school senior  |  | S           |
| Currently enrolled (other than high school diploma)                                     |  | M           |
| High school graduate, failed exit exam  |  | F           |
| Currently in HS (Reserve only)  |  | 9           |
| Associate degree  |  | D           |
| Professional nursing diploma  |  | G           |
| Baccalaureate degree  |  | K           |
| First professional degree   |  | W           |
| Masters degree  |  | N           |
| Post Masters degree   |  | R           |
| Doctorate degree  |  | U           |
| <b>Tier II</b>  |  |             |
| Test based equivalency diploma (includes general equivalency diploma)                   |  | E           |
| HS certificate of attendance  |  | J           |
| National Guard Youth Challenge  |  | X           |
| Occupational and/or vocational program certificate                                      |  | C           |
| Correspondence HS diploma   |  | 7           |
| Home study diploma  |  | H           |
| <b>Tier III</b>   |  |             |
| Non-HS graduate (holds no certificate or degree)  |  | 1           |

(3) Examples of the completed three-digit code are as follows:

| <u>Verified Education</u> | <u>Level</u> |
|---------------------------|--------------|
| 10 +                      | 1 = 101      |
| 11 +                      | 1 = 111      |
| 10 +                      | 9 = 109      |
| 11 +                      | S = 11S      |
| 11 +                      | E = 11E      |
| 12 +                      | L = 12L      |
| 12 +                      | 8 = 128      |
| 14 +                      | D = 14D      |
| 16 +                      | K = 16K      |

r. Block 13, Proficient in Foreign Language.

(1) If "Yes," enter the two-digit code for language.

(2) If "No," print "NONE" in space provided.

s. Block 14, Valid Driver's License.

(1) If "Yes," enter state, number, and expiration date.

(2) If "No," leave blank.

t. Block 15, Place of Birth. Enter applicant's place of birth (city, state, and country).

u. Block 16, Aptitude.

(1) Item 16a. Place an "X" in appropriate place.

(2) Item 16b. Place an "X" in appropriate place.

(3) Item 16c. If applicant is taking the test for the first time or for the first time in over 2 years, place an "X" by "Initial." If the applicant is taking a special test enter an "X" by "Special." If the applicant is taking a confirmation test (last Armed Forces Qualification Test was 20 points higher than the previous test) enter an "X" by "Confirmation." If applicant is taking a retest within a 2-year timeframe, enter an "X" by 16d. Next to Previous Test Versions, enter the previous test version. Beside Date, enter the date the previous test was taken.

v. Block 17a and b, Recruiter ID/SSN and Station ID. Enter the recruiter's full SSN and Station ID.

w. Block 18, Test Administrator SSN/ID. Leave blank.

x. Block 19, Test Administrator Signature. Leave blank.

y. Block 20, Medical.

(1) Item 20a. Place an "X" whether a medical exam is or is not required for enlistment.

(2) Item 20b, Exam Type. Place an "X" in appropriate exam type.

(3) Item 20c, Date Last Full Medical Exam. Enter date of last full medical exam in YYYYMMDD format.

z. Block 21, Applicant's Signature. Leave blank. (The applicant will sign upon arrival at MEPS control desk only.)

aa. Block 22, MIRS Coding. Leave blank.

ab. Block 23, Applicant Certification in Presence of Test Administrator. Applicants will be required to sign in this section in the presence of the test control officer. False certification will result in the invalidation of the examination results. Leave the remaining area of the block blank. (Applicants must present a picture ID or be fingerprinted by the test administrator in block 24.)

ac. Block 25, Applicant Certification in Presence of Recruiting Personnel.

(1) Item 25a. Place an "X" if applicant has never tested with the ASVAB or Student Armed Services Vocational Aptitude Battery (SASVAB).

(2) Item 25b. Place an "X" if applicant has tested with the ASVAB and indicate the most recent date and location.

(3) Item 25c. Place an "X" if applicant has tested with the SASVAB and indicate the most recent date and location.

(4) Item 25d. Place an "X" if applicant has tested with the SASVAB and desires to keep the

test results.

(5) Item 25e. Enter the name of the HS or the 13-digit school code.

(6) Item 25f. Applicant will certify his or her identity by signing his or her full name and entering his or her SSN and date.

ad. Block 26, Applicant's Current Medical Insurer Name. Enter the insurer's name if known. If none, the applicant will sign his or her full name to affirm they have no medical insurer.

ae. Block 27, Applicant's Current Medical Provider Name. Enter provider's name, if known. If none, the applicant will sign his or her full name to affirm they have no medical provider.

af. Block 28, Medical Insurer Address. Enter address if applicable.

ag. Block 29, Medical Provider Address. Enter address if applicable.

ah. Block 30, Certification By Recruiting Personnel. This portion will be completed by authorized recruiting personnel only after they have witnessed the applicant's signature and properly verified the accuracy of the information on the form in accordance with this regulation.

#### **B-4. Completion of recruiter certification by other than recruiter of credit**

When the recruiter completing USMEPCOM Form 680-3A-E is not the recruiter who will receive mission accomplishment credit, the recruiter certification will be completed as follows:

a. The first line of the certification block will contain the signature and the printed or typed name of the recruiter who completed USMEPCOM Form 680-3A-E, as well as the date of the signature.

b. The second line of the certification will contain the printed or typed name of the recruiter whose ID number appears in block 17 and who will receive mission accomplishment credit.

c. The third line of the certification will contain the ID number, RS, and recruiting battalion of the recruiter who signs the certification.

|  |  |   |  |   |               |
|--|--|---|--|---|---------------|
| FOR USE OF THIS FORM, SEE USMEPCOM REG 680-3   |  | <b>REQUEST FOR EXAMINATION</b><br>THE INFORMATION PROVIDED CONSTITUTES AN OFFICIAL STATEMENT  |  | FOR OFFICIAL USE ONLY   |               |
| <b>PRIVACY ACT STATEMENT AUTHORITY:</b> Sections 505, 508, 510, and 3012 of Title 10 U.S. Code and Executive Order 9397. <b>PRINCIPAL PURPOSE:</b> To request administration of enlistment aptitude and/or medical qualification examinations. Social Security Number is used to positively identify examination results. <b>ROUTINE USE:</b> Record is maintained with other enlistment processing records. <b>DISCLOSURE:</b> Voluntary; refusal to provide required data could result in denial of enlistment.  |  |   |  |   |               |
| A. SERVICE PROCESSING FOR<br>DAR   |  | B. PRIOR SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>NUMBER OF DAYS:   |  | C. SELECTIVE SERVICE CLASSIFICATION   |               |
| D. SELECTIVE SERVICE REGISTRATION NUMBER   |  |   |  |   |               |
| 1. SOCIAL SECURITY NUMBER<br>1 2 3 - 4 5 - 6 7 8 9   |  | 2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)<br>Public, John Quarterly   |  |   |               |
| 3. CURRENT ADDRESS<br>(Street, City, County, State, Country, ZIP Code)<br>123 Anywhere Ave, Kispertville,<br>County, KY, USA, 40121  |  | 4. HOME OF RECORD ADDRESS<br>(Street, City, County, State, Country, ZIP Code)<br>Same as block 3  |  |   |               |
| 5. CITIZENSHIP (X One)   |  | 6. SEX (X One)  |  | 7.a. RACIAL CATEGORY (X one or more)  |               |
| <input checked="" type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))  |  | <input checked="" type="checkbox"/> a. MALE   |  | (1) AMERICAN INDIAN/<br>ALASKA NATIVE   |               |
| <input checked="" type="checkbox"/> (1) NATIVE BORN  |  | <input type="checkbox"/> b. FEMALE  |  | (4) NATIVE HAWAIIAN OR OTHER<br>PACIFIC ISLANDER  |               |
| <input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S)   |  | 8. MARITAL STATUS<br>(Specify)<br>S   |  | (2) ASIAN   |               |
| <input type="checkbox"/> b. U.S. NATURALIZED   |  | 9. NUMBER OF<br>DEPENDENTS<br>0   |  | (3) BLACK OR AFRICAN AMERICAN   |               |
| <input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL  |  | 7.b. ETHNIC CATEGORY (X One)  |  | (5) WHITE   |               |
| <input type="checkbox"/> d. IMMIGRANT ALIEN (Specify)  |  | <input type="checkbox"/> (1) HISPANIC OR<br>LATINO  |  | (6) DECLINE TO RESPOND  |               |
| <input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)   |  | <input checked="" type="checkbox"/> (2) NOT HISPANIC OR<br>LATINO   |  | (3) DECLINE TO<br>RESPOND   |               |
| <input type="checkbox"/> f. ALIEN REGISTRATION NUMBER (As applicable)  |  | 10. DATE OF BIRTH (YYYYMMDD)<br>1 9   8   0   0   1   0   1   |  |   |               |
| 11. RELIGIOUS PREFERENCE (Optional)<br>None  |  | 12. EDUCATION (Yrs/Highest Ed or Completed)<br>16 K   |  | 13. PROFICIENT IN FOREIGN LANGUAGE (X One)<br>(If Yes, specify) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |               |
| 14. VALID DRIVER'S LICENSE (X One)<br>(If Yes, list State, number, and expiration date)  |  | 15. PLACE OF BIRTH (City, State, and Country)<br>Kispertville, KY, USA  |  |   |               |
| 16. APTITUDE: a. ASVAB REQUIRED TO ENLIST?<br>(X One) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>b. ENLIST UNDER STUDENT TEST SCORES?<br>(X One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | c. TEST TYPE<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> 1ST RETEST <input type="checkbox"/> 6 MONTH RETEST<br><input type="checkbox"/> SPECIAL <input type="checkbox"/> 2ND RETEST<br><input type="checkbox"/> CONFIRMATION <input type="checkbox"/> IMMEDIATE RETEST AUTHORIZED   |  | e. PREVIOUS TEST VERSIONS<br>1. 2.<br>f. PREVIOUS TEST DATES (YYYYMMDD)<br>1. 2.  |               |
| 17.a. RECRUITER ID/SSN<br>9 8 7 6 5 4 3 2 1  |  | b. STATION ID<br>7 X 8 Z  |  | 18. TEST ADMINISTRATOR SSN/ID   |               |
| 19. TEST ADMINISTRATOR SIGNATURE   |  | 20. MEDICAL: a. MEPS MEDICAL EXAM REQUIRED TO ENLIST?<br>(X One) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>b. EXAM TYPE <input checked="" type="checkbox"/> FULL <input type="checkbox"/> SPECIAL <input type="checkbox"/> RE-EXAM<br><input type="checkbox"/> INSPECT <input type="checkbox"/> CONSULT <input type="checkbox"/> OTHER<br>c. DATE LAST FULL MEDICAL EXAM<br>(YYYYMMDD) |  |   |               |
| 21. APPLICANT'S SIGNATURE  |  | 22. MIRS CODING   |  |   |               |
|  |  | WKID ST DATE INT DATE INT   |  |   |               |
| 23. APPLICANT CERTIFICATION IN PRESENCE OF TEST ADMINISTRATOR<br>I certify that I am the person identified on this form:<br><br><br>(Signature of Applicant)   |  | Photo ID? (X One) <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, type/organization _____<br>ID Number _____  |  | 24. RIGHT THUMBPRINT<br><br>RIGHT THUMBPRINT, FIRST ATTEMPT<br>(AFFIX THUMBPRINT WITH THUMBNAIL<br>POINTED TO THE LEFT)             |               |
| 25. APPLICANT CERTIFICATION IN PRESENCE OF RECRUITING PERSONNEL<br>I certify that I am the person identified on this form and that the information about me shown there, including my Social Security Number is all true and correct to the best of my knowledge. I also certify that:<br>a. <input checked="" type="checkbox"/> I have never been tested ANYTIME or ANYWHERE with the ASVAB either for enlistment purposes or as a student under the ASVAB testing program.<br>b. <input type="checkbox"/> I was tested with the ASVAB on or about _____ at _____<br>(Most Recent Date Tested) (School, City, and State)<br>c. <input type="checkbox"/> Request for student test scores (high school look-up) _____ at _____<br>(Most Recent Date Tested) (School, City, and State)<br>d. <input type="checkbox"/> Yes, I want to keep my AFQT scores from the student test listed in "c" above.<br>e. Current or last high school attended _____ / _____<br>(High School) (13 Digit Code)<br>f. / signed / _____ / 1 2 3 4 5 6 7 8 9 / 2 0 0 5 0 2 0 1<br>(Signature of Applicant) (Social Security Number) (Date) |  | IF SECOND ATTEMPT IS REQUIRED,<br>TURN FORM OVER (TOP OF FORM ON<br>THE BOTTOM) AFFIX RIGHT<br>THUMBPRINT ON UPPER RIGHT<br>CORNER, THUMBNAIL POINTED TO THE<br>LEFT  |  |   |               |
| <b>MEDICAL RECORDS RELEASE AUTHORITY:</b> I request and authorize individuals/organizations listed below to release to the MEPS a complete transcript of my medical records. This release is for the purpose of further evaluation of my medical acceptability under military medical fitness standards. The medical records are to be obtained by this examinee at no cost to the Government and made available for review during the pre-enlistment physical.  |  |   |  |   |               |
| 26. APPLICANT'S CURRENT MEDICAL INSURER NAME<br>(If none, sign your complete name to affirm that you have no current medical insurer):<br>/ signed /   |  | 27. APPLICANT'S CURRENT MEDICAL PROVIDER NAME<br>(If none, sign your complete name to affirm that you have no current medical provider):<br>/ signed /  |  |   |               |
| 28. MEDICAL INSURER ADDRESS<br>(Street, City, State, Country, ZIP Code)  |  | 29. MEDICAL PROVIDER ADDRESS<br>(Street, City, State, Country, ZIP Code)  |  |   |               |
| 30. CERTIFICATION BY RECRUITING PERSONNEL<br>I certify that I have properly identified this applicant in accordance with my service directives, have reviewed for completeness and accuracy the information provided on this form, and have witnessed the applicant's signature:<br><br>/ signed / _____ / Jones, Jimmy Jack / 2 0 0 5 0 2 0 1<br>(Signature of Recruiter (or rep, if auth)) (Printed/Typed Name of Recruiter or Rep) (Date)<br><br>/ signed / _____<br>(Printed/Typed Name of Recruiter (if not recorded above))<br><br>9 8 7 6 5 4 3 2 1 / 7 X 8 Z / Kispertville RS<br>(Recruiter ID/SSN) (Local Recruiting Activity) (Bn, NRD, Sq or RS Location)  |  |   |  |   | APPLICANT SSN |

USMEPCOM Form 680-3A-E, DEC 03

Replaces USMEPCOM Form 714-A-E, Jan 03

Figure B-1. Sample of a completed USMEPCOM Form 680-3A-E

## **Glossary**

### **ARISS**

Army Recruiting Information Support System

### **ASVAB**

Armed Services Vocational Aptitude Battery

### **HS**

high school

### **ID**

identification

### **MEPS**

Military Entrance Processing Station

### **MIRS**

MEPCOM Integrated Resource System

### **RS**

recruiting station

### **SASVAB**

Student Armed Services Vocational Aptitude Battery

### **SSN**

social security number

### **USAREC**

United States Army Recruiting Command

### **USMEPCOM**

United States Military Entrance Processing Command